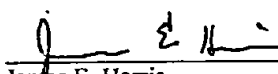


Certificate of Facsimile Transmission

I hereby certify that this RCE Transmittal with accompanying Amendment is being facsimile transmitted to The Commissioner for Patents, Group Art Unit 2634, Examiner Yeh at (703) 872-9315 on the date shown below.
(Total pages transmitted is 70 -including this one).

Date: August 22, 2003


James E. Harris
Reg. No. 40,013PATENT APPLICATION
Do. No. 2705-39

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of: R. Ashby Armistead

Serial No. 09/186,977

Filed: November 5, 1998

For: MODEM FAILOVER WITHOUT CALL LOSS

Examiner: Edith M. Yeh

Group Art Unit: 2634

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the
above-identified application.

1. Submission required under 37 C.F.R. § 1.114

a. ☐ Previously submitted:☐ Consider the amendment(s) reply under 37 C.F.R. § 1.116 previously

filed

09/08/2003 LMARKS 00000011 131703 09186977 on _____

01 FC:1801 750.00 DA
02 FC:1251 150.00 DA☐ Consider the arguments in the Appeal Brief or Reply Brief previously

on _____

☒ Other:REQUEST FOR CONTINUED
EXAMINATION

PAGE 1

DO. No. 2705-39
SERIAL NO. 09/186,977

b. ☒ Enclosed is:☒ Amendment/Reply☐ Affidavit(s)/Declaration(s)☐ Information Disclosure Statement (IDS)☐ Other

2. Miscellaneous

☐ Suspension of action on the above-identified application is requested
under 37 C.F.R. § 1.103(c) for a period of _____ months. (Period of suspension
shall not exceed 3 months; fee under 37 C.F.R. § 1.17(i) required).

☐ Other:

3. Fees:

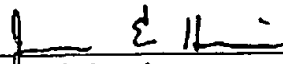
☒ RCE fee required under 37 C.F.R. § 1.17(e)☐ \$375 small entity☒ \$750 large entity☒ Extension of time fee (37 C.F.R. §§1.136 and 1.17)

	small entity	large entity
<input checked="" type="checkbox"/> Extension of Time - 1 st	<input type="checkbox"/> \$55	<input checked="" type="checkbox"/> \$110
<input type="checkbox"/> Extension of Time - 2 nd	<input type="checkbox"/> \$205	<input type="checkbox"/> \$410
<input type="checkbox"/> Extension of Time - 3 rd	<input type="checkbox"/> \$465	<input type="checkbox"/> \$930

☒ PTO Form 2038 authorizing credit card payment is attached.☒ Any deficiency or overpayment should be charged or credited to deposit
account number 13-1703.

Respectfully submitted,

MARGER JOHNSON & McCOLLOM, P.C.


James E. Harris
Reg. No. 40,013

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REQUEST FOR CONTINUED
EXAMINATION

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